U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440



Form LM-30 (2003)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

- 0000						
1. File Number U - 9/62		2. Fiscal	2. Fiscal Year Covered From:			
			01 / 01 / 2004 Through: 12 / 31 / 2004			
Name and address of person filing.		4. Name	, file number, and ad	dress of labor org	ganization.	
Name JACK F	ERRARA	Name	So. CALIF. P	IPE TRADE.	S DISTRICT COUNCIL 16	
		Labor	Organization File Nu	mber 039-	83 <i>5</i>	
P.O. Box, Bldg., Room No., if any	LITE 400	P.O. 6	ox, Building and Roo	om Number, if an	Surre 400	
Street 501 SHATTO PL	4c &	Street	501 SHA	то Раде	E	
City Los Angeles		City	Los Aug	E-6.5		
State CA	ZIP Code + 4 90020	State	Ch.	and analytical of much the transmission of the	ZIP Code + 4 90620	
5. Position in labor organization.	CTOR OF SERVICE	: Depa	CTWENT			
A. Held an interest in, engaged in transa monetary value from an employer who	se employees your organiza	ation repre	sents or is actively	seeking to repr	esent.	
6. Name and address of Employer (including	trade name, if any).	/.a. Nat	re of Interest, Trans	action, or income		
Name	garantagarapat o tanak ya masaya masaya masaya masaya a na gadan o ta sabab ya sabab a sabab masaya mana sa ma					
Trade Name, if any:		Particular manage				
P.O. Box, Bldg., Room No., if any	eret ad adoptivativaminga frama framcia a casa et a casa et acasa a casa et al casa et al casa et al casa et a Casa et al casa et al					
Street		7.b. Am	ount.			
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City			W			
State	ZIP Code + 4					
	Si	gnature				
15. Signature and verification. The under submitted in this report (including the information undersigned's knowledge and belief, true,	nation contained in any accompa	inving docum	ents), has been exar	nined by the sign:	r, that all of the information atory and is, to the best of the	
Signed COLUM	aw	On	8.9.05	818-		
11 / 1			Date		Telephone Number	

Name of Person Filing JACK FERRARA	File Number U-					
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.						
8. Name and address of Business (including trade name, if any). Name APPRENTICE - JOURNESMEN TRAINING TRUST FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any Street /8931 LAWREL PARK RO City Compton State CA ZIP Code + 4 90220	9. Business deals with: a. Labor Organization b. Trust c. Employer					
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. MEETWG— RE: BAKEFEFIELD TRAINI PROGRAM 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Business Lunch					
	12.b. Amount. #56.00					
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City						
State ZIP Code + 4		Andrew ANA				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.					

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

EXPENSE REIMBURSEMENT FOR

12.b. Amount.

14.a. Nature of payment.

700

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

ZIP Code + 4

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Street

City

State

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

13.b. Is the Business an Employer

or Consultant

14.b. Amount of payment.

Form LM-30 (2003)

Name of Person Filing DACK FERRARA	······	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any).	9. Business deals with:				
Name JOINT JOURNEYMEN + APPRENTICE TRUST	u a. Labor Organiza	ion			
Trade Name, if any:	b. Trust	i e i			
P.O. Box, Bldg., Room No., if any	c. Employer				
Street 2220 South HILL STREET					
City Los Anceles State CA ZIP Code + 4 90007					
State CA ZIP Code + 4 90007					
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali				
Name	LABOR TRUST	EE - ATTENDANCE AT L TRAINING FUND IN			
Trade Name, if any:	FLORIDA				
P.O. Box, Bldg., Room No., if any					
Street	11.b. Approximate dollar valu	e of such dealing.			
City	12.a. Nature of interest hele	f or income received.			
City State ZiP Code + 4		IMBURSEMENT FOR			
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• International content of the conte	EXPENSE RECOVERENCE 12.b. Amount. 1 parts A and B above)	IMBURSEMENT FOR			
State ZiP Code + 4 C. Received from any employer (other than an employer covered under	EXPENSE RECOVERENCE 12.b. Amount. 1 parts A and B above)	IMBURSEMENT FOR			
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	EXPENSE RECOVERENCE 12.b. Amount. r parts A and B above) or other thing of value.	IMBURSEMENT FOR			
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C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any:	EXPENSE RECOVERENCE 12.b. Amount. r parts A and B above) or other thing of value.	IMBURSEMENT FOR			
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	EXPENSE RECOVERENCE 12.b. Amount. r parts A and B above) or other thing of value.	IMBURSEMENT FOR			
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	EXPENSE RECOVERENCE 12.b. Amount. r parts A and B above) or other thing of value.	IMBURSEMENT FOR			

Name of Person Filing JACK FERRARA	File Number U-				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any). Name JOINT JOURNEYMEN & APPRENTICE TRUST Trade Name, if any:	9. Business deals with: a. Labor Organization				
P.O. Box, Bldg., Room No., if any Street 2220 South HILL STEET City Los Augeles State CA ZIP Code + 4 90007	b. Trust c. Employer				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.				
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	LABOR TRUSTEE - ATTENDA CALIFORNIA APPRENTICESHIP SAN DIEGO, CA	CONFERENCE,			
Street	11.b. Approximate dollar value of such dealing.				
City	12.a. Nature of interest held or income received.				
State ZiP Code + 4	EXPENSE REIMBURSEMENT CONFERENCE	FOR			
	12.b. Amount.	91,000			
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.				
Name	and the designation of the control o				
Trade Name, if any:	\$1.00 to 1.00				
P.O. Box, Bldg., Room No., if any	Valence variables				
Street	PA A NASIONAL PROPERTY OF THE PARTY OF THE P				
City	or a series of the series of t				
State ZIP Code + 4					
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.				

Name of Person Filing JACK FERRARA	File Number U-
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherwork of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business lely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name JOINT JOURNEYMEN & APPRENTICE TRUST Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2220 Sowth HILL STREET City Los Angeles State CA ZIP Code +4 90007	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	LABOR TRUSTEE - INSTRUCTOR TRAINING CONFERENCE, ANN ARBOR MI
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	EXPENSE REIMBURSEMENT FOR CONFERENCE
	12.b. Amount. \$2,000
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	r parts A and B above)
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Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
to mentioned and an extension of the contract	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing JACK FERRARA	File Number	er U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name AIRCONDITIONING & REFRIGERATION RETIREMENT TRUST FUND	a. Labor Organization	
Trade Name, if any:	b. Trust	
P.O. Box, Bldg., Room No., if any Suite 201	c. Employer	
Street 1380 South SANDERSON AVENUE		
City ANAHEIM State CA ZIP Code + 4 92806		
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10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	MENDANCE AT
Name	LABOR TRUSTEE - A PENSION CONFEREN	CHICAGO IL
Trade Name, if any:	TENSION CONFEREN	
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such de	ealing.
City	12.a. Nature of interest held or income	
State ZIP Code + 4	EXPENSE REIMBURSE CONFERENCE	EMENT FOR
	12.b. Amount.	**************************************
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
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City	· variable de la constantina della constantina d	
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

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8. Name and address of Business (including trade name, if any).	9. Business deals with:					
Name PIPING INDUSTRY PROGRESS P EDUCATION	a. Labor Organization					
Trade Name, if any:	b. Trust					
P.O. Box, Bldg., Room No., if any	c. Employer					
Street 501 SHATTO PLACE City Los Angeles						
State CA ZIP Code + 4 90020						
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.					
Name	LABOR TRUSTEE - 2 MEALS AT 2 DIFFERENT TRUST MEETINGS AND I MEAL TO DISCUSS A GROUP					
Trade Name, if any:	AND I MEAL TO DISCUSS A GROUP					
P.O. Box, Bldg., Room No., if any						
Street	11.b. Approximate dollar value of such dealing.					
City	12.a. Nature of interest held or income received.					
State ZIP Code + 4 3 MEALS						
	12.b. Amount. # //2, 17					
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above)					
	r parts A and B above)					
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	r parts A and B above) or other thing of value.					
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	r parts A and B above) or other thing of value.					
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	r parts A and B above) or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any:	r parts A and B above) or other thing of value.					
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Name of Person Filing JACK FERRARA	File Number U-
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherwof an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business ely seeking to represent, or rectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name PIPING INDUSTRY PROGRESS * ROUGATION Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 200 Street 501 SHATTO PLACE City Los Angeles State CA ZIP Code + 4 90020	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Trade Name, if any: P.O. Box, Bidg., Room No., if any	LABOR TRUSTEE ON THIS BOARD
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	CHRIST MAS GIFT
	12.b. Amount. \$\frac{\pi}{2}/79.26
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above)
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P.O. Box, Bldg., Room No., if any	
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Name of Person Filing JACK FERRARH	File Number U-
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organiz	rwise dealing with the business ively seeking to represent, or directly to, or otherwise
Name and address of Business (including trade name, if any).	9. Business deals with:
Name NATIONAL INSPECTION, TESTING, CERTIFICATION Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 201 Street 501 SHATTO PLACE City Los Angeles State CA ZIP Code + 4 90020	 ✓a. Labor Organization b. Trust c. Employer
10, If 9,b. or 9,c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	LABOR TRUSTEE - ATTENDANCE AT CONFERENCE
Trade Name, if any:	AT CONFERENCE
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	EXPENSES FOR MEAL AND MISC EXPENS
	12.b. Amount. 993.よ(
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	er parts A and B above) y or other thing of value.
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	:
	14.b. Amount of payment.

or Consultant

13.b. Is the Business an Employer

14.b. Amount of payment.

13.b. Is the Business an Employer :

ZIP Code + 4

or Consultant

State

Name	of	Person	Filina
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File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	9. Business deals with: a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing.			
City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.			
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name McMorgan & Company Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 690 Street 3500 West Olive Avenue City Burbank State CA ZIP Code + 4 91505	14.a. Nature of payment. FOUR FOOTBALL TICKETS			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	₹360-00		